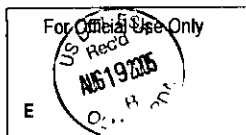


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>17085</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name John C Crinion  P.O. Box, Bldg., Room No., if any  Street 3850 S. Racine Avenue  City Chicago  State Illinois ZIP Code + 4 60609	4. Name, file number, and address of labor organization.  Name Heat and Frost Insulators Local 17  Labor Organization File Number 009-675  P.O. Box, Building and Room Number, if any  Street 3850 S. Racine Avenue  City Chicago  State Illinois ZIP Code + 4 60609
5. Position in labor organization. Sect'y-Treas. and Trustee H & W	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John C. Crinion

On

8/11/05

Date

773-247-8184

Telephone Number

Name of Person Filing John Crinion	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>HEAT + FROST INSULATIONS</i></p> <p>Trade Name, if any: <i>LOCAL 17</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>3850 SOUTH RACINE</i></p> <p>City <i>Chicago</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>60609</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="radio"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>I.R.I.C.</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>1515 E. WOODFIELD ROAD SUITE 118</i></p> <p>City <i>Schaumburg</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>60173</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>Semi-ANNUAL LABOR MANAGEMENT COST ALTERNATED.</i></p> <p>11.b. Approximate dollar value of such dealing. <i>30.00</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>N/A</i></p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing John Crinion	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>HEAT + FROST INSULATORS PENSION FUND</b></p> <p>Trade Name, if any: <b>LOCAL 17</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3850 SOUTH RACINE</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60609</b></p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> b. Trust</p> <p style="margin-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>MILLIMAN CONSULTANTS ACTUARIES</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>55 W MONROE STREET- 40<sup>th</sup> FLOOR</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL 6</b> ZIP Code + 4 <b>60603-5011</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>HEALTH + WELFARE TRUSTEE MEETING</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>137,50</b></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing John Crinion	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>HEAT + FROST INSULATORS PENSION FUND</b></p> <p>Trade Name, if any: <b>LOCAL 17</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3850 SOUTH RACINE</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60609</b></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="radio"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>KILLIAN ASSET MANAGEMENT</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1250 WEST NORTHWEST Highway-Suite 600</b></p> <p>City <b>PALATINE</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60067</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Box of cookies delivered AT CHRISTMAS</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>30.00</b></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing John Crinion	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>HEAT &amp; FROST INSULATORS PENSION FUND</b></p> <p>Trade Name, if any: <b>LOCAL 17</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3850 SOUTH RACINE</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60609</b></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="radio"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>BLUE CROSS - BLUE SHIELD</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>300 E. RANDOLPH STREET</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60601-5099</b></p>	<p>11.a. Nature of such dealing.</p> <p style="margin-left: 40px;"><b>LABOR - PROVIDER SEMINAR FOR TRUSTEES</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>285.42</b></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>John Crinion</b>	File Number U-
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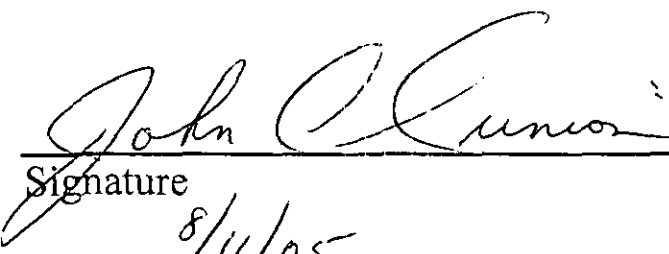
**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>HEAT + FROST INSULATORS</b></p> <p>Trade Name, if any: <b>LOCAL 17</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3850 SOUTH RACINE</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60609</b></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;">b. Trust</p> <p style="margin-left: 40px;"><input checked="" type="radio"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>INSULCO</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2210 OAKLEAF STREET</b></p> <p>City <b>JOLIET</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60436</b></p>	<p>11.a. Nature of such dealing.</p> <p style="margin-left: 20px;"><b>JOINT APPRENTICE TRUSTEE MEETING</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>100.00</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <div style="height: 100px; border: 1px solid black;"></div> <hr/> <p>12.b. Amount.</p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="height: 150px; border: 1px solid black;"></div>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

### **DISCLAIMER**

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

  
\_\_\_\_\_  
Signature

8/11/05  
\_\_\_\_\_  
Date